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LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: It seems difficult to make nurses of the country understand that the Red Cross Society and the Army Nurse Corps are entirely separate and distinct organizations. Since the reorganization of the Red Cross there is here in Washington an organization which is known as the National Red Cross Society. It is the intention that there should be branch organizations in every State. These branch organizations inquire into the credentials of nurses applying for enrolment and keep a list of such as are found desirable. In time of war or national calamity these branch associations hand their lists to the parent organization, which in turn passes them on to the medical department of the army. This department then reserves the right to select from these lists and undertakes all future management of the nursing body thus created.

This communication is made in the hope that the great number of nurses applying to the Surgeon-General for Red Cross work may understand just the relation of the association to the medical department of the army.

DITA H. KINNEY,
Superintendent Army Nurse Corps.

DEAR EDITOR: A great deal has been written on the need of trained nurses in the towns and smaller cities, and the nurses have been more or less criticised for their habit or custom of sticking to the larger cities and in the vicinity of the hospitals from which they graduate. In almost every medical journal some such style of article appears, and yet I believe that doctors and a large number of nurses also do not look at it from the point of view that would help them to understand the cause.

I am a graduate of one of the Eastern hospitals. I decided to start out on my career as private nurse in the West, where the need seemed greater than in my own city. I had letters to several of the best medical men, also some surgeons, and after I arrived selected my room, which, of course, had to be in the best part of town, also in a central location and in a boarding-place where both telephone systems had

phones. This of course made my living expenses high. As soon as I was located I called on the doctors. They professed themselves delighted, took my card, and in less than twenty-four hours after my arrival I had my first case.

This case lasted a week. The mother was ill and there was no servant, so the nurse must fill in the gap. The compensation was good, the people well off, but it was impossible to get help.

Leaving that case, so tired that rest was imperative, I came home to my room, a pleasant, cheerful room, but for the five or six days that I rested I spoke to absolutely no one but the waitress who served me at meals, the street-car conductors, and one or two shop girls.

Think what this complete isolation means to a nurse who has just come from a school where she had from twenty to twenty-five classmates, besides all the other pupil nurses, and I think you will have the solution of the reason why nurses keep to their own hospital towns.

A nurse meets people professionally only, and while occasionally she makes friends, it is usually a business transaction, and when her patient recovers the nurse is forgotten.

Even suppose two friends start together, those who have done private work realize how seldom they would be "in" together.

AN EASTERN GRADUATE OF 1904.

DEAR EDITOR: Having read your article regarding the eligible list of volunteer nurses in the September number of the JOURNAL, I venture to give the opinion of one nurse on the subject.

Our profession is spoken of as being unpatriotic and lacking in interest concerning our national affairs, owing to our tardiness in responding to the appeal made for suitable nurses to form this eligible list.

While agreeing with the Editor that now, in time of peace, is the proper time to acquire this very essential adjunct to our national equipment, still, I think it is rather early in the day to accuse the trained nurse in general of being unpatriotic because she has failed to respond in suitable numbers.

Rather go slowly in such a matter, and acquire the nurses who possess the necessary mental, moral, and womanly, as well as professional, qualities for this work than have an overflow of applications of unsuitable women. Those who might perhaps be first to respond would be least suitable for the work.

Many nurses who as private nurses or doing hospital work have an excellent record would in time of war or national calamity be found sadly lacking in some of the very necessary qualifications. Therefore

the nurse who would conscientiously and honestly wish to enroll her name on this list must take time to give the matter serious thought.

This may seem an easy matter to do, but when we consider, as a rule, what a busy life the average trained nurse leads, and how constantly her brain as well as her hands are at work, we will quickly see that it may take a little time to give the subject the necessary thought. Then there are, too, the nurse's *other* responsibilities. Of course, there are many nurses who have none aside from their own personal ones. But there are very many nurses who have others dependent on their moral and financial assistance. Can these duties be lightly thrust aside to make room for the purely patriotic one? Perhaps so. But if so, we shall have to give the subject due consideration before deciding.

It is said: "Your services may not be required. We only wish to know that we have such a list of excellent women if needed." Yes, but the very nurses whom they need are those who would not enter the list with this mental reservation. Rather it would be, Shall I go if called on, whatever other duty may require me to remain at home? But could one be entirely happy in doing a duty for one's country knowing that another (perhaps not a higher or holier one, but certainly a more essential one) was being neglected at home?

To the nurses who have no responsibilities aside from their own requirements, and to those who feel they can conscientiously set them aside if called on to do so, I would say, think the matter over seriously, and if you decide you have the necessary qualifications to withstand the hardships, the inconveniences, and the physical and moral temptations which would naturally surround a nurse's life in time of war, and if you feel that you possess the very essential gifts of imparting to those who at such a time would certainly be in, if not the "vale of the shadow of death," at least of sorrow, a ray of sunshine and a feeling that their lives have not been lived for nought, then enlist, enlist at once, and if called on, do your duty faithfully, conscientiously, and to the very best of your professional ability, and, I doubt not, many will rise up and call you, if not blessed, at least, a blessing.

M. F. L.

[This is all very true, but it is over a year since the eligible list was commenced, and there are not yet fifty nurses enrolled.—Ed.]

DEAR EDITOR: A letter appeared in the September issue of THE AMERICAN JOURNAL OF NURSING on the subject of "Trained Nurses—Untrained Nurses." The point under discussion seems to me a decided mistake—namely, to consider the graduate nurse, having completed a course of study and fresh from a course of training both practical and

theoretical, nothing more than a "prob." Considering the work she has accomplished during her two or three years in the hospital service, don't you think she ought to know something more than a "prob"? Does she not deserve a little credit for having completed her prescribed course? If a nurse enters into her work with the proper spirit, don't you think she ought to know something about the care of a sick person? The writer of the letter referred to says: "It was more by good luck than good management that I never lost a patient." Why was it? Was her training so deficient as to cause a lack of self-confidence? Is she to be blamed for uttering a remark that casts a reflection on both her school and her superintendent? Some nurses say that they had only ward patients to care for in the hospital and do not feel capable of caring for private patients. Because people of wealth who live in luxury are those to whom the nurse looks as expecting the larger and better part of her work, is that the reason she should feel incompetent? Didn't she care for her "ward patients" just as well and give them as much of her time and herself as she would a private patient or one who apparently had the "money"? Must the latter class be handled with "kid gloves" and the poor and needy be left to the mercy of a hard-hearted woman who is not worthy the name of "Nurse"? My opinion is that a woman of refinement will never be uncouth in manner or language to the unfortunate ones who come under her supervision or care in our wards. The trouble is that the restrictions are not strong enough to bar out those who are otherwise eligible to our training-schools. Why is it that so few nurses can afford a smile in the "ward" when it would mean half the battle and probably a gleam of paradise to the poor sufferers. A woman ought not to take up the profession of nursing unless she is willing to put her whole heart, mind, and soul into the work and go forth with a smiling countenance and a pleasant word to be passed along. Those who do this derive a great benefit and pleasure from their work. I have visited a great many wards and observed the routine work there, and have seen some nurses doing their work as though compelled to do it rather than considering it a privilege and pleasure to render assistance to the unfortunate sufferers. They do their duty with never a thought of the patient, who looks up yearningly for a smile or a pleasant word.

I do not approve of sending nurses out before they graduate, because their time belongs to the hospital and, as a rule, they forfeit a great benefit which they can derive from lectures and practical experience. A true nurse will go wherever she is sent or called, whether to the home of luxury, or the home of poverty where the mother *feels* rich in the possession of the little life which is fast ebbing out. In such

a home the nurse has the greatest chance to do credit to herself, her school, and her training. A nurse's first duty is to herself. If she is not feeling well and fresh for work, she had better not take a case, because she cannot do justice either to her patient or herself. There is no excuse for a nurse becoming slack and indifferent because she is getting tired out; the physician in charge and her patient will think more of her if she will explain the matter thoroughly and obtain relief for a few days. There are very few people who would object to this when they understand the circumstances.

There is a great deal to be said about the nursing profession, and I, for one, would be very glad to read a few more letters on the subject of "Trained Nurses—Untrained Nurses."

H. C. L., "Class of 1903."

[We think there is still much to be said on this subject.—Ed.]

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



VACUUM CLEANING APPLIED TO OPERATIVE WOUNDS.—The *Journal of the American Medical Association*, in an abstract of a paper in *Presse Médicale*, says: "Laurens gives an illustration of his little vacuum aspirator, attached to a faucet. It works on the principle of the vacuum cleaning apparatus, sucking all the fluids and loose particles out of the wound. He has found that it reduces the length of otorhino-laryngeal operations, prevents aspiration of secretions, and keeps the wound cleaner than any other measures. It does not siphon out blood, as the mouth-piece is placed over the wound only when there are secretions, blood, and scraps to be aspirated, and is not kept there all the time. Of course, tamponing is necessary in some cases, but in the majority this aspiration technic is sufficient and renders the compress superfluous. The operator has always a clean field before him."

DISINFECTION OF THE TONSILS.—The *Journal of the American Medical Association*, quoting from *Therapie Gegenwart*, says: "Zeuner recommends pastilles made of guaiac flavored with some aromatic substance to be used as a disinfectant and in treatment of the tonsils. Whenever there are any indications of sore throat one of these pastilles slowly dissolved in the mouth will be found very useful to avert further trouble and to cure the pathologic tendency of the tonsils."